

Case Number:	CM14-0071220		
Date Assigned:	07/14/2014	Date of Injury:	06/07/2012
Decision Date:	10/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of June 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 7, 2014, the claim administrator denied a request for omeprazole and cervical epidural injection therapy while approving a request of Diclofenac. The claims administrator suggested that the applicant had no evidence of gastrointestinal disease. In a January 8, 2014 progress note, the applicant apparently presented with ongoing complaints of neck pain. The applicant was using cyclobenzaprine, Voltaren, and tramadol, it was stated. The applicant apparently had developed glaucoma and diabetes, it was stated. Neurontin was endorsed for neuropathic pain purposes. On February 12, 2014, it was stated that the applicant was employing omeprazole for gastric prophylaxis purposes. The applicant was placed off of work, on total temporary disability. On June 26, 2013, the applicant stated that his past medical history was notable for diabetes, hypertension, and dyslipidemia. The applicant's gastrointestinal review of systems was reportedly negative. A shoulder corticosteroid injection was given. Naproxen was endorsed. On April 23, 2014, the applicant was again placed off of work, on total temporary disability. Diclofenac was endorsed, along with two epidural steroid injections. The applicant was given Omeprazole for gastro protective purposes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole DR 20mg x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: The attending provider has indicated that he is employing omeprazole for gastro protective purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events and, by implication, those in need of prophylactic use of proton pump inhibitors include those applicants with history of GI bleeding or peptic ulcer disease, applicants who are using multiple NSAIDs, applicants who are using multiple corticosteroids, and/or applicants who are using NSAIDs and/or age greater than 65 years of age. In this case, however, the applicant is 63 years of age. The applicant does not have active symptoms of reflux. The applicant does not drink. The applicant has no history of peptic ulcer disease or GI bleeding. The applicant is only using one NSAID, Diclofenac. The applicant is not using any corticosteroids. Prophylactic use of proton pump inhibitors is not, consequently, indicated here. Therefore, the request is not medically necessary.